

NOTICE RE: CERTIFICATES OF CORRECTION

DATE : 02/13/2002

Paper No.: 22

TO : Supervisor, Art Unit 1600

SUBJECT : Certificate of Correction Request in Patent No.: 6258569 1656

A response to the following question(s) is requested with respect to the accompanying request for a certificate of correction

- ☒ 1. Would the change(s) requested, under 37 C.F.R. 1.323, correcting Applicant/Attorney's (A or Atty.) errors, constitute new matter or require reexamination of the application?
- ☒ 2. Would the change(s) requested, under 37 C.F.R. 1.323, correcting Applicant/Attorney's (A or Atty.) errors, materially affect the scope or meaning of the claims allowed by the examiner in the patent?
- ☒ 3. Applicant disagrees with change(s) initialed and dated by Examiner in lieu of an Examiner's Amendment. Should the requested changes be granted?
- ☒ 4. With respect to the change(s) requested, correcting Office and/or printing (O, Off, C, and/or P) errors, should the patent read as shown in the certificate of correction?
- ☒ 5. If the amendment filed, _____, had been considered by the Examiner, would the amendment have been entered?

**PLEASE COMPLETE THIS FORM AND
RETURN WITH FILE, WITHIN 7 DAYS,
TO CERTIFICATES OF CORRECTION BRANCH - PK 3-915/922
PALM LOCATION 7580 - TEL. NO. 305-8309**

Note your decision(s), regarding the changes requested in the Request for Certificate of Correction, by placing an X in the box that reflects your decision to the corresponding question.

Note any comments below.

- | | |
|--|--|
| <input type="checkbox"/> 1. YES | <input checked="" type="checkbox"/> NO |
| <input type="checkbox"/> 2. YES | <input checked="" type="checkbox"/> NO |
| <input checked="" type="checkbox"/> 3. YES | <input type="checkbox"/> NO |
| <input checked="" type="checkbox"/> 4. YES | <input type="checkbox"/> NO |
| <input checked="" type="checkbox"/> 5. YES | <input type="checkbox"/> NO |

- ☐ Comments below
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☐ Comments: _____

Ken Berger
Supervisor

2/20/02
Art Unit